

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | | | | | | |
|--|------------------------------------|----|---|----|---|---|---|---|
| 1 Date of Request: <u>5-10-05</u> | 2 Serial/Patent # <u>10/516935</u> | | | | | | | |
| 3 Please refund the following fee(s): | | | | | | | | |
| Filing | 4 PAPER NUMBER | | | | | | | |
| Amendment | 5 DATE FILED | | | | | | | |
| Extension of Time | 6 AMOUNT | | | | | | | |
| Notice of Appeal/Appeal | \$ | | | | | | | |
| Petition | \$ | | | | | | | |
| Issue | \$ | | | | | | | |
| Cert of Correction/Terminal Disc. | \$ | | | | | | | |
| Maintenance | \$ | | | | | | | |
| Assignment | \$ | | | | | | | |
| <input checked="" type="checkbox"/> Other | \$ 100.00 | | | | | | | |
| 7 TOTAL AMOUNT OF REFUND \$ 100.00 | | | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | |
| <input type="checkbox"/> Overpayment | Treasury Check | | | | | | | |
| <input type="checkbox"/> Duplicate Payment | Credit Deposit A/C #: | | | | | | | |
| 9 <table border="1"><tr><td>1</td><td>5</td><td>--</td><td>0</td><td>0</td><td>3</td><td>0</td></tr></table> | | 1 | 5 | -- | 0 | 0 | 3 | 0 |
| 1 | 5 | -- | 0 | 0 | 3 | 0 | | |
| 10 REASON: | | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | | | | | | | | |
| No Fee Due (Explanation): | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | |
| TYPED/PRINTED NAME: <u>L. Hunter</u> | | | | | | | | |
| SIGNATURE: <u>L. Hunter</u> | | | | | | | | |
| TITLE: <u>Patent</u> | | | | | | | | |
| PHONE: <u>301-9740200</u> | | | | | | | | |
| OFFICE: ***** | | | | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | | | | |
| APPROVED: _____ | DATE: _____ | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B